

Fill in this information to identify the case:

United States Bankruptcy Court for the:

Southern District of New York
(State)

Case number (if known): Chapter 11

☐ Check if this is an amended filing

Official Form 205

Involuntary Petition Against a Non-Individual

12/15

Use this form to begin a bankruptcy case against a non-individual you allege to be a debtor subject to an involuntary case. If you want to begin a case against an individual, use the *Involuntary Petition Against an Individual* (Official Form 105). Be as complete and accurate as possible. If more space is needed, attach any additional sheets to this form. On the top of any additional pages, write debtor's name and case number (if known).

Part 1: Identify the Chapter of the Bankruptcy Code Under Which Petition Is Filed

1. Chapter of the Bankruptcy Code

Check one:

- ☐ Chapter 7
☒ Chapter 11

Part 2: Identify the Debtor

2. Debtor's name Wythe Berry Fee Owner LLC

3. Other names you know the debtor has used in the last 8 years

Include any assumed names, trade names, or doing business as names.

4. Debtor's federal Employer Identification Number (EIN)

☒ Unknown

EIN

5. Debtor's address

Principal place of business

55 Wythe Avenue
Number Street

Brooklyn NY 11249
City State ZIP Code

Kings
County

Mailing address, if different

199 Lee Avenue, #693
Number Street

P.O. Box

Brooklyn NY 11211
City State ZIP Code

Location of principal assets, if different from principal place of business

Number Street

City State ZIP Code

Debtor Wythe Berry Fee Owner LLC Case number (if known) _____
Name

6. Debtor's website (URL) _____

7. Type of debtor

- ☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))
☐ Partnership (excluding LLP)
☐ Other type of debtor. Specify: _____

8. Type of debtor's business

Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Railroad (as defined in 11 U.S.C. § 101(44))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
☒ None of the types of business listed.
☐ Unknown type of business.

9. To the best of your knowledge, are any bankruptcy cases pending by or against any partner or affiliate of this debtor?

- ☐ No
☒ Yes. Debtor Evergreen Gardens II LLC Relationship Affiliate
District SDNY Date filed 9/14/21 Case number, if known 21-11610
MM / DD / YYYY
Debtor All Year Holdings Limited Relationship Affiliate
District SDNY Date filed 12/13/21 Case number, if known 21-12051
MM / DD / YYYY

Part 3: Report About the Case

10. Venue

Check one:

- ☐ Over the last 180 days before the filing of this bankruptcy, the debtor had a domicile, principal place of business, or principal assets in this district longer than in any other district.
☒ A bankruptcy case concerning debtor's affiliates, general partner, or partnership is pending in this district.

11. Allegations

Each petitioner is eligible to file this petition under 11 U.S.C. § 303(b).
The debtor may be the subject of an involuntary case under 11 U.S.C. § 303(a).

At least one box must be checked:

- ☒ The debtor is generally not paying its debts as they become due, unless they are the subject of a bona fide dispute as to liability or amount.
☐ Within 120 days before the filing of this petition, a custodian, other than a trustee, receiver, or an agent appointed or authorized to take charge of less than substantially all of the property of the debtor for the purpose of enforcing a lien against such property, was appointed or took possession.

12. Has there been a transfer of any claim against the debtor by or to any petitioner?

- ☒ No
☐ Yes. Attach all documents that evidence the transfer and any statements required under Bankruptcy Rule 1003(a).

Debtor Wylthe Berry Fee Owner LLC
Name

Case number (if known) _____

13. Each petitioner's claim	Name of petitioner	Nature of petitioner's claim	Amount of the claim above the value of any lien
	<u>Mishmeret Trust Company Limited</u>	<u>Unsecured guaranty</u>	\$ <u>not less than \$18,600</u>
	<u>Yelin Lapidot Provident Funds Management Ltd.</u>	<u>Unsecured guaranty</u>	\$ <u>not less than \$18,600</u>
	<u>The Phoenix Insurance Company Limited</u>	<u>Unsecured guaranty</u>	\$ <u>not less than \$18,600</u>
	Total of petitioners' claims		\$ <u>not less than \$74,400</u>

If more space is needed to list petitioners, attach additional sheets. Write the alleged debtor's name and the case number, if known, at the top of each sheet. Following the format of this form, set out the information required in Parts 3 and 4 of the form for each additional petitioning creditor, the petitioner's claim, the petitioner's representative, and the petitioner's attorney. Include the statement under penalty of perjury set out in Part 4 of the form, followed by each additional petitioner's (or representative's) signature, along with the signature of the petitioner's attorney.

Part 4: Request for Relief

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Petitioners request that an order for relief be entered against the debtor under the chapter of 11 U.S.C. specified in this petition. If a petitioning creditor is a corporation, attach the corporate ownership statement required by Bankruptcy Rule 1010(b). If any petitioner is a foreign representative appointed in a foreign proceeding, attach a certified copy of the order of the court granting recognition.

I have examined the information in this document and have a reasonable belief that the information is true and correct.

Petitioners or Petitioners' Representative

Name and mailing address of petitioner

Mishmeret Trust Company Ltd.
Name

48 Derech Menachem Begin
Number Street

Tel Aviv-Yafo Israel 6618003
City State ZIP Code

Name and mailing address of petitioner's representative, if any

Name

Number Street

City State ZIP Code

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 10/06/2022
MM / DD / YYYY

X


Signature of petitioner or representative, including representative's title

Attorneys

Michael Friedman
Printed name

Chapman and Cutler LLP
Firm name, if any

1270 Avenue of the Americas
Number Street


New York NY 10020
City State ZIP Code

Contact phone 212-655-2508 Email friedman@chapman.com

Bar number 2498673

State New York

X


Signature of attorney

Date signed 10/06/2022
MM / DD / YYYY

Debtor Wythe Berry Fee Owner LLC
Name

Case number (if known) _____

13. Each petitioner's claim

Name of petitioner

Nature of petitioner's claim

Amount of the claim
above the value of
any lien

Klirmark Opportunity Fund III L.P.

Unsecured guaranty

\$ not less than \$18,600

\$ _____

\$ _____

Total of petitioners' claims

\$ not less than \$74,400

If more space is needed to list petitioners, attach additional sheets. Write the alleged debtor's name and the case number, if known, at the top of each sheet. Following the format of this form, set out the information required in Parts 3 and 4 of the form for each additional petitioning creditor, the petitioner's claim, the petitioner's representative, and the petitioner's attorney. Include the statement under penalty of perjury set out in Part 4 of the form, followed by each additional petitioner's (or representative's) signature, along with the signature of the petitioner's attorney.

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I have examined the information in this document and have a reasonable belief that the information is true and correct.

Petitioners or Petitioners' Representative

Name and mailing address of petitioner

Klirmark Opportunity Fund III L.P.

Name

2a Jabotinsky Street

Number Street

Ramat Gan

City

Israel

State

5250501

ZIP Code

Name and mailing address of petitioner's representative, if any

Name

Number Street

City

State

ZIP Code

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 10/06/2022

Klirmark Opportunity Fund III, L.P.

By: Klirmark Fund III (G.P.) L.P.

By: Klirmark Fund III General Partner LTD

Signature of petitioner or representative, including representative's title

Attorneys

Printed name

Firm name, if any

Number Street

City

State

ZIP Code

Contact phone

Email

Bar number

State

X

Signature of attorney

Date signed

MM / DD / YYYY

Debtor Wythe Berry Fee Owner LLC
Name

Case number (if known) _____

Name and mailing address of petitioner

Yelin Lapidot Provident Funds Management Ltd.
Name

Migdal Al, Dizengoff 50

Number Street

Tel Aviv

Israel

6433222

City

State

ZIP Code

Name and mailing address of petitioner's representative, if any

Name

Number Street

City

State

ZIP Code

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 10/06/2022
MM / DD / YYYY

X

 CARMEL KENNY
Signature of petitioner or representative, including representative's title

Printed name

Firm name, if any

Number Street

City
Code

State

ZIP

Contact phone Email

Bar number

State

X

Signature of attorney

Date signed

MM / DD / YYYY

Name and mailing address of petitioner

The Phoenix Insurance Company Limited
Name

Derech Hashalom 53

Number Street

Giv'atayim

Israel

53545

City

State

ZIP Code

Name and mailing address of petitioner's representative, if any

Name

Number Street

City

State

ZIP Code

I declare under penalty of perjury that the foregoing is true and correct.

Executed on _____
MM / DD / YYYY

X

Signature of petitioner or representative, including representative's title

Printed name

Firm name, if any

Number Street

City

State

ZIP Code

Contact phone Email

Bar number

State

X

Signature of attorney

Date signed

MM / DD / YYYY

Debtor Wythe Berry Fee Owner LLC Case number (if known) _____
Name

Name and mailing address of petitioner

Yelin Lapidot Provident Funds Management Ltd.
Name

Migdal Al, Dizengoff 50
Number Street

Tel Aviv Israel 6433222
City State ZIP Code

Name and mailing address of petitioner's representative, if any

Name

Number Street

City State ZIP Code

I declare under penalty of perjury that the foregoing is true and correct.

Executed on _____
MM / DD / YYYY

X

Signature of petitioner or representative, including representative's title

Printed name

Firm name, if any

Number Street

City State ZIP
Code

Contact phone _____ Email _____

Bar number _____

State _____

X

Signature of attorney

Date signed _____
MM / DD / YYYY

Name and mailing address of petitioner

The Phoenix Insurance Company Limited
Name

Derech Hashalom 53
Number Street

Giv'atayim Israel 53545
City State ZIP Code

Name and mailing address of petitioner's representative, if any

EINAT REGEV
Name

Number Street

City State ZIP Code

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 09.22.2022
MM / DD / YYYY

X

Israel Fixed Income Manager
Signature of petitioner or representative, including representative's title

Printed name

Firm name, if any

Number Street

City State ZIP Code

Contact phone _____ Email _____

Bar number _____

State _____

X

Signature of attorney

Date signed _____
MM / DD / YYYY